Special Article

Presidential Address.*

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THE MEDICAL PROFESSION "AFTER THE WAR."

Profoundly grateful for the great honor bestowed upon me and realizing its responsibilities, I approach my task this morning with trepidation.

During the year, much of our energy has been directed into unusual channels and we are proud of the record made by the profession. In addition to the eight hundred or nine hundred enlistments in the Army and Navy Medical Corps, our members have carried the work of the draft boards; have taken active interest in the numerous demands for funds for war work—for the sale of bonds, for the free services to soldiers and sailors, to say nothing of the added private work on account of so many confreres being away in the service. On top of all these activities came the appalling avalanche of influenza victims.

Truly the year has been full—and it would have been no wonder if the normal work of the Society had suffered materially. However, we think the record is not bad. At the close of the greatest war of all history, we find ourselves facing a new era. The brotherhood of man has acquired a new meaning. Community interest has taken the place of individual self-interest.

Will man be no longer selfish? Yes. Selfishness is the first law of life. We can have no life without it. But the selfishness for the individual is being transformed into selfishness for the community. Long ago man learned that for selfish self-protection he could fight better in gangs than alone. Individualism no longer controls. Things are being done in groups, communities, unions.

My talk will concern chiefly the business side of medicine, which is very much neglected. Our merchants are keen these days on teaching salesmanship. They pay men to teach their clerks salesmanship. I think it would help if the medical men would get together and have some one talk to them on salesmanship. We need to impress our advice upon our patients, need to make ourselves indispensable, through the same sort of psychology that the salesman uses to sell his goods. We need to *sell* ourselves to our patients. Medical men are proverbially poor business men. The charitable and sympathetic side of medicine is so thoroughly a part of our profession that, for fear of being charged with commercialism, medical men avoid the business side. Would it not be wise to have a few lectures on salesmanship in our medical colleges? When I speak of business, I do not mean dollars and cents exactly. Commercialism in medicine is degrading and has no place in legitimate practice. I mean system, organization, punctuality, management, efficiency. Business system is necessary to success. No one can be a real success without it. How often we see the poorly equipped man, from the scientific, professional side, outstrip his fellows just because he has the business instinct or the business training. Dr. G. Shearman Peterkin, of Seattle, has given us a wonderful example of business system in his "Efficiency in Medical Practice." Where does the Profession in California stand today?

I believe that our Profession in California is in a very comfortable position today, perhaps a little better than it ever has been before anywhere. I am a firm believer in the idea that the world is constantly growing better, and although we shall always have our difficulties, I am very optimistic for the future.

The demands upon the doctor for greater efficiency and better equipment are well known to you. His years of study have been increased. The amount of the investment by the time a man graduates is double what it was twenty years ago, and I say this without taking account of the change in the level of prices which has been so sharp during the last few years.

In California, there is one physician to 394 of population as against one to 691 for the entire United States, one to 1500 in England and Wales, and one to 2000 in Germany. (According to the census of 1910.) Our medical congestion is being rapidly increased by many men coming here direct from their army experience. In addition, we have innumerable varieties of quacks, who all add to the competition for bread and butter. Verily our business interest demands that we stand together.

There are now returning nearly 40,000 men who have seen more or less of Army life. What new ideas do they carry? What are they going to do? A good many of them are restless; all of them would like to improve the position which they formerly held; many of them are changing locations; hundreds will come to California before they settle down. They all carry, more or less, the gospel of organization, co-operation and specialization.

The organization of the Army Medical Corps, with its demand for records and detailed care of its patients, should be a great benefit to the men who have had the training. The efficiency of the Army Medical Department is too well known to you to need details. No army ever made the record for health that we did. The death rate fell to 4.5 per 1000 as compared with 33 per 1000 in 1830, when the Department was fully organized.

Specialization was a compelling feature of the Army and must have taken root in many a young man who, without that experience, would not have attempted it. The knowledge of sanitation which these 40,000 men bring home with them must bear fruit in better preventive measures and better general health conditions. In addition, four million men who were under arms bring back with them more or less knowledge and training in sanitation and preventive measures. Their leavening of the loaf is a force we should make use of. Verily, we have reason to emphasize the remark of Gladstone: "In the health of the people lies the wealth of the Nation."

What then can we do as a group of selfish altruists? Shall we become ultra-revolutionists and

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advocate state medicine? Shall we become Bolsheviki, meaning, as I heard it interpreted by a scholar, "those who demand the more of the most"?

Not yet awhile! Thanks to the League for the Conservation of Public Health, we are still a long way from the desperation of our English brother physicians. I wish I had time to tell you about them; their condition is so serious that they are turning to state medicine as a refuge, hoping salaries, even full salaries, will be better than the pittance they get now by the panel system of social health insurance. When a medical man gets down to Fifty Pounds a year on panels, most any change must look good to him. You will find the beauties of state medicine expounded by Major General Sir Bertrand Dawson, Cavendish Lecture, Benj. Moore, President State Medicine Service Association, and Major Gordon Dill in the Lancet for July, 1918, and by Wm. A. Brand in the Practitioner for November, 1918.

No—the care of the sick is such an intensely personal service that individiual attention is still the key-note. A patient is not a chattel and can not be tagged with impunity and distributed alphabetically. Still, community practice and specialization have their attractions and it should be possible for us to employ some of these desirable features through our own initiative, and incidentally help to forestall the pressure for state medicine.

Again bread and butter—business—steps in. One of our first thoughts is "What must we do with the individual who is unable to pay for his medical services?" The care of patients who are unwilling or unable to pay had always been a large part of the physician's duty. The need to care for those who are unable to compensate the physician is one of the fundamental conditions of the practice of medicine. A reasonable amount of this sort of service is good for the doctor; it demonstrates his sympathy and brotherhood, and should be continued. When, however, we study the proportion of the doctor's time which is given to charity, work for the State, public health and the public good, there is no doubt that he is being imposed upon.

I find no reliable figures on the amount of charity work done by medical men, only estimates—25 per cent—one-third of his efforts. I am inclined to place it higher, especially during the past war years. In many cases it rises to 50 per cent. We know that it is far too high.

For instance, we were told the other day that the Los Angeles County Hospital had taken care of 14,000 patients during the past year; something over one hundred medical men rendered their services gratuitously. On a reasonable basis of fees (assuming that in private practice each patient would have paid $25 during the term of his illness), you will see that the services rendered by these men amounted to $350,000, or $3500 each for the year. Is it right that these services should be rendered gratis when all other employees of the institution are paid? True, the hospital rendered some remuneration to the doctor in experience and training for his life work; but consider the enormous amount of expense that has already gone into his training. Is the apprentice to tradesman more entitled to compensation than the apprentice doctor? I believe that the medical profession should use every effort to increase the compensation for services rendered to the public.

Paid health officers are becoming more and more the rule, and the State is paying something in its efforts to prevent disease. The Public Health Service is being more or less compensated, but not adequately. The medical profession should use all its efforts whenever possible to secure better compensation for this kind of work. Right here, I wish to recommend that this Society memorialize its senators and representatives to stand for a competent appropriation for the United States Public Health Service. The latest advices are that the appropriation for the Service has been pared down to a fraction of what Surgeon General Blue called for. This is a step in the wrong direction, and the medical profession should go out of its way to urge a larger appropriation. What is more important than national effort to improve the health of its people?

Imitating the organization in the Army, let us improve our team work in taking care of our patients. Coming up here, my train stopped at a station in a town of about 500 inhabitants and my eye caught the sign "Attorneys at Law"—there were three names on that sign. I thought, what an example for medical men. Why cannot doctors carry on partnerships as well as lawyers? Suppose three medical men lived in that town, as no doubt they do, how much comfort could be added to their work if they joined as partners, even though they did not specialize. They could relieve one another from time to time, and one off duty could feel that the others were looking after his interests. What an overpowering burden is the feeling of the medical man that he is everlasingly on duty! To my mind, that is one of our greatest hardships. The doctor sees all his friends off duty when the day is done, but he is on duty day and night as long as he is in the vicinity of his practice. Again, how much more comfort these three men would have if they divided their work along certain specialty lines. Of course, in a community of that size they would all be general practitioners, and to my mind that is one of the most attractive of specialties. In the future, I am sure that the general practitioner will be emphasized as a specialist, as a man who knows general medicine thoroughly and scientifically. He becomes the bosom friend of his patient. His general adviser. The most level-headed man in the community, always ready to do what he can and ready to pass that patient on to the specialist when occasion demands. But in addition to being general practitioners, each of these men would select one line of endeavor; for instance, one internal medicine, another surgery, and a third obstetrics; what comfort would come to them from feeling that they were specially prepared to speak along a certain line.

The enormity of the field of knowledge involved in the practice of medicine today is so thoroughly

felt by layman as well as physician, that it needs no argument to demonstrate that it is absolutely impossible for any one man to cover the field entirely; and what is more disquieting than a sense of insufficient information to properly care for our patients?

To my mind, there are two fundamental difficulties in the way of partnerships in medicine. If these can be removed or minimized, we can have more partnerships and groups.

First, the fact that the medical man's reputation is his chief and practically only asset. The amount of money invested in his equipment is negligible, but if he is deprived of his reputation, he has lost tremendously. Any failure to hold his patient acts as a reflection upon his reputation and he immediately resents it. The physician's work is intensely personal and anything affecting this relation is immediately construed as an attack upon this asset. I think this is the root of those jealousies which have always been a disrupting influence.

Second, the difficulty of an equitable division of the income. Many happy and successful partnerships have been carried out by an even division of the net returns. Where men do almost the same character and amount of work, this is very satisfactory; but manifestly this is not often the case. Many schemes have been suggested to overcome this difficulty in partnerships, whether they be partnerships of two or of a larger group.

I am going to have the temerity to suggest a plan which in more or less similar detail has worked out satisfactorily, and which I think would work out satisfactorily in the majority of cases because it is so flexible and can be adjusted to almost any condition. I feel that if an equitable division of the income can be secured, we shall see many more partnerships and groups working together. As a matter of fact, there are a very considerable number of very satisfactory partnerships in California today. My suggestion is a percentage division established once every six months, based upon the work done during the preceding six months, or three or twelve. This percentage should be based upon a number of factors:

1st. The amount of work done as charged upon the books.

2nd. The amount of cash actually taken in through each man's practice during the preceding six months.

3rd. The actual amount of physical labor expended, that is, the number of calls made and the number of patients seen.

4th. A percentage of scaling down the surgeon's fee for the benefit of the group.

5th. An allowance for difference of investment, good will, etc.

Many other factors will occur to you and may be added ad libitum.

With all these factors worked out in percentages, it is a simple matter to meet every three, six months or once a year, with open minds and broad views and a hearty appreciation of the other fellow's position, to arbitrarily make further slight adjustments in the percentages which each should receive. Of course, absolute honesty of purpose is necessary. As Dr. Victor Vaughan says: "An essential in medicine is integrity." This financial feature has been the rock which has wrecked the majority of groups and it should be overcome.

I like to use the term "community patient." Let the patient belong to the community of physicians. I think one of the most degrading things in medicine is the sense of proprietorship which many medical men try to exercise over their patients. No one has a lien on any patient. The paramount interests are all subsidiary to the good of the patient, and if it is to his interest that one better qualified than I should take care of him, it is my duty—and I consider it my privilege—to pass him on to the next man. My advice is (especially to the younger man)—"Learn to let go of your patient. You will have returned to you two for one if you do it in the right way. Let go!"

I am convinced that one of the greatest mistakes of my professional life has been my unwillingness to let go of my patient. Had I specialized earlier and more definitely, I should have been much better off. I kept myself too busy trying to take care of too many patients and too many kinds of diseases.

No matter whether your team is on a charity organization or a partnership plan, or whether you are working independently, I say let go when you are busy or when someone else can do better by your patient.

More consultations seem to me most desirable. In our own county organization, I have made a plea for a reduction in the consultation fee, with the idea that consultations should be encouraged. In many cases, the question of adding ten dollars to the burden of the patient is the deciding factor against a consultation. By minimizing the fee, more consultations would be held.

Group medicine is often most successfully carried on without an actual financial partnership. All types of groups should be encouraged. The community care of patients if properly organized is most satifactory to all concerned. The hospital lends itself to this plan, and many groups may be built up with the hospital as a center, be this a hospital proper, a clinic, or that newer development known as a pay clinic, where the patient pays a minimum to cover actual expenses. The Diagnostic Group at St. Luke's Hospital in San Francisco, is another plan which other communities might well follow.

It has been well said that only the poor and the very rich can have expert medical attention. The poor get it through our thoroughly organized staff so well established in our charity hospitals. The rich get it by paying for an army of specialists. The middle class suffers because it is above charity and cannot pay for expert attention by a number of men.

Organization, co-operation and specialization—these are the three prominent lessons which this war should bring home to us. The best way to carry them out is to adopt better business methods, better organization, more consultations, more com-

munity practice, more group practice, hospital standardization, and higher scientific attainments.

In conclusion, then, let us push firmly along these lines:

1. Better business methods.
2. Better organization in our societies.
3. League for Conservation of Public Health.
4. Hospital standardization.
5. Better salaries for public health officers.
6. More specialization.
7. More consultations.
8. More group medicine.
9. More publicity.
10. More science.
11. More records.
12. More brotherhood.

THE PHYSICIAN AND INDUSTRY.

By G. G. MOSELEY, M. D., San Francisco.

The doctor has become an important factor in modern industry and the application of his knowledge to industrial conditions has developed a new specialty in medicine. Industry is responsible for its damage to human machinery and the proper treatment of injuries arising out of industrial accidents is a question which should receive the serious attention of the medical profession. It should be demonstrated to both the employer and employe that the organized profession stands for the very highest class of service and by men who are capable of doing good surgery.

The proper setting of a fracture is an important matter to the working man. If not well treated he may be a cripple for life. If an infection of the hand is neglected it usually results in a premanently stiff wrist or fingers, reducing the man's earning power by almost one-half. The large number of permanent injuries following fractures and especially injuries to the hand, clearly shows that there is much room for improvement in the treatment of these cases. Of the 109,998 industrial accidents occurring in the state in 1917, there were approximately 2,000 of them followed by permanent disability, and while it would have been impossible to prevent many of these, yet there is no doubt that some of them could have been prevented and much better results obtained in many others.

The experience of the men who have been in the army will be very helpful in handling these cases in the future, not only in the matter of the immediate care of the injuries, but also in getting the injured man back to work, which is an important part of the treatment. If allowed to remain idle too long some of these cases develop a peculiar mental attitude and a nervous condition which makes it very difficult to get them to return to their former occupations and frequently results in the development of traumatic neurosis.

Better medical service for those injured in industry is the problem that must be met by the medical profession and worked out on the same lines that have brought about higher standards in the medical schools and hospitals. The improvement in the treatment of these cases is a matter of education and by this is not meant trying to make surgeons out of general practitioners, but by bringing the man in general practice to the point where he will not attempt to treat serious cases for the cure of which he is not fitted by training or experience. He should be made to understand that his bad results will be condemned by both the profession and the public.

The standard of medical service demanded by the public is higher now than ever before and this is especially ture in the field of industrial medicine, and it is here that the organized medical profession can be of the greatest help in weeding out the incompetent doctor.

In the treatment of the majority of these cases, either the employer or the insurance carrier, within reasonable limits, has the selection of the physician, and the interest of both the employer and the injured man demands good service, and if the profession does not stand for a higher class of service in the future than has been rendered in these cases in the past, this is a question which will be solved for them by the laity. It is not reasonable to expect the employer, who has to pay not only the physician, but also for the time lost while the injured man is disabled, to be satisfied with poor service. The time has come for the profession to do constructive work along these lines and to show that they have some unselfish interest in these cases.

There are many medical problems connected with industry to be solved by the doctor. The proper treatment of the injured, accident prevention, industrial fatigue, the effect of industry on women workers, physical examinations for the proper placement of workers, are but a few of the questions that must be largely worked out by the medical men. Upon the work done in the solving of these and like questions depends the future usefulness of the medical profession to industry.

Original Articles

PROSTITUTION IN ITS RELATION TO PUBLIC HEALTH IN SAN FRANCISCO

SAN FRANCISCO DEPARTMENT OF HEALTH,
per WILLIAM C. HASSLER, M. D., Health Officer.

During the month of August, 1917, the San Francisco Board of Health, at the request of the War Department of the United States Government, and in accordance with a plan outlined by the Army and Navy through the Commission on Training Camp Activities, established a clinic at the City Prison for the purpose of examining for venereal disease all persons arrested by the Morals Squad as vagrants or on the charge of prostitution.

This squad was organized by the Chief of Police to cooperate with the Board of Health, following a conference had in San Francisco with the mayors, supervisors, district attorneys, sheriffs and State and county boards of health